

## CAPITAL PROJECT CHARTER

Project	Name:
Project	Number:
Client D	Department:
Project	Manager:
Charter	Last Update Date:
1.	Scope overview:  a. Details
2.	<ul><li>b. Does the project have an IMSD technology component?</li><li>Why is the project required?:</li><li>a. Details</li></ul>
	<ul> <li>b. Project eliminates existing [significant] [potential] hazard.</li> <li>c. Project addresses items set [by State / Federal Mandates] [legally binding agreement].</li> <li>d. Project addresses cited and existing [ADA] [building code violations].</li> </ul>
3.	e. Alternative options [evaluated] [developed].  Background (Additional project details if necessary):
4.	a.  Department / County Strategic Alignment / Racial Equity
5.	a. b. CFP Review and Comments Schedule:
Э.	a. Planning, design & construction schedule: b. Preferred construction timeframe:
6.	Expected Deliverables
	a.
7.	Success criteria (How will we know the project is successful?): a.
8.	Sustainability: (What sustainable features will the project include?):
	a.
9.	Risks:  a. Risks if project is delayed:  b. Risks during the project:
10.	Assumptions (What is in/out of the scope, etc.):  a.
11.	Dependencies

12. Budget (Who is paying and how much?):



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<ul><li>a. Details</li><li>b. Budget History</li></ul>
<ul> <li>13. Other required resources (People, equipment, services, etc.): <ul> <li>a.</li> </ul> </li> <li>14. Operations &amp; Maintenance (O&amp;M and total lifecycle considerations and costs): <ul> <li>a. Details</li> <li>b. Project will [increase] [decrease] [not impact] operating costs.</li> </ul> </li> <li>15. Anticipated T/DBE and Residency Requirements <ul> <li>a. T/DBE Design 17%</li> <li>b. T/DBE Construction 25%</li> <li>c. Residency Goal 50%</li> </ul> </li> <li>16. Stakeholders (Power [1-5], Interest [1-5]). 1=low, 5=high: <ul> <li>a. e.g. Mr. Smith (5, 2)</li> </ul> </li> </ul>
Approvals for initial capital request
Client Department Program Manager Signature:
Client Department Capital Planning Coordinator:
DAS Capital Planning Manager Signature:
AE & ES Project Manager Signature:
Approvals after final design

Approvals after final design

Client Department Program Manager Signature:



## CAPITAL PROJECT CHARTER

Client Department Cap	oital Planning Coordinator:
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DAS Capital Planning Manager Signature:

AE & ES Project Manager Signature: